

– Process Monitoring – Jurisdiction Aggregate Form

OMB No. 0920-0497
Expiration Date: 04/30/2004

[2] Total number of outreach interventions this form describes: _____

Please attach additional sheet

CBO - Minority Board	_____	State Health Department	_____	Academic Institution	_____	Other Agency <i>(please specify)</i>	_____
CBO - Non-Minority Board	_____	Local Health Department	_____	Research Center	_____		
Faith Community	_____	Other Government	_____	Individual	_____		
						Total	_____

[illegible]

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[9] Number of clients receiving outreach interventions in each of the following settings:

Type of Setting		
CBO _____	HIV Counseling & Testing _____	Correction/Detention _____
Community Setting _____	STD Clinic _____	School/Educational _____
Clinic/Health Care Facility _____	Drug Treatment Facility _____	Other _____

[11]
Enter the number of HIV prevention materials that were distributed in the jurisdiction during outreach activities

Condoms	
Safer sex kits	
Promotional items	
Bleach/safer injection kits	
Brochures/informational materials, etc.	
Other:	
Total	

[8] Staffing and Expenditures

Number of full-time equivalent staff providing outreach in the jurisdiction whose salaries are funded by CDC: _____

Number of volunteers providing outreach in the jurisdiction: _____

CDC Announcement 99004 HIV Prevention funds that were expended in carrying out all aspects of outreach: \$ _____